

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005728

1. Entity Name
ORGANOCAT, INCORPORATED

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90053 037 ***150.00

Principal Place of Business

605 VIA VERONA
DEERFIELD BEACH FL 33442
US

Mailing Address

605 VIA VERONA
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

23371 BLUE WATER CIR
Suite, Apt. #, etc.
APT C 415

3. Mailing Address

23371 BLUE WATER CIR
Suite, Apt. #, etc.
APT C 415

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33433

Country

Zip
33433

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0915769

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HETTINGER, WILLIAM P JR, PHD
605 VIA VERONA
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name
WILLIAM P. HETTINGER JR. PHD
Street Address (P.O. Box Number is Not Acceptable)
23371 BLUE WATER CIR APT C 415
City
BOCA RATON FL Zip Code
33433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD HETTINGER, WILLIAM P JR, PHD 605 VIA VERONA DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC HETTINGER, ALICE M 605 VIA VERONA DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETTINGER, SCOTT 605 VIA VERONA DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INSERRA, DIANA L 605 VIA VERONA DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETTINGER, WILLIAM P. III 605 VIA VERONA DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23371 BLUE WATER CIR APT C 415 BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM P. HETTINGER JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 1-561-392-9183